FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

CAMPAIGN DISCLUSURE BO

2012 OCT 29 AM 7: 22

COMMITTEE NAME (Must be same as on Statement of Organ	nization)			
Greg Kehl For Hospital Board			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candids Subdivision Candidate (8) County PAC (9) City PAC (10) School Bd (11) Local Ballot Issue	State PAC (3)State Party ate (7)School Board or Other Political	(007
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	8	canned	
Office Sought	District (if Senate or House)	1 1	(6)	
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co				
Temperated	712-263-5685		10-27	7-12
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATES	IGNED
VALUE AND A COLOR OF THE COLOR	REPORT FOR (1) ELECTION	-	ELECTION YE	AR.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		Local Con	mittees, enter Da	te of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County &	per 6, 2012 Local Committees Stion is held rd	, enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is first	ash on hand at the end	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedu	le A) ("also see in-kind below)		1,610.00	
Schodule F: Loans Received total (Attach Schedule F			0.00	
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)		0.00	
(Schedule Happiles to Candidates' Comm	ittees Only)			
	SUB-TOTAL	\$	1,610.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).		1,096.40	
Schedule F: Loan Repayments total (Attach Schedule	F)		0.00	
CASH ON HAND at the and of this reporting period (if final repo	ort balance must be zero)	\$	513.60	, The same of the
***UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	s	0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES ✓	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	h Schedule H)	S	0.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Resct Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

OMMITTEE NAME (MU	ist be same as on Statement of Organization)	
Greg Kehl For Hospital	Board	

A	MONETARY
(Rev. 07/03)	RECEIPTS
NAME AND ADDRESS OF THE PARTY O	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RECATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
10/12/12	ID#	Erv Pauley, JR Box 14, Denison, IA 51442	2	\$50.00	
10/12/12	ID# CK#	Lowell Lee 1030 A Valley View Dr, Schleswig, IA 51461		50.00	
10/12/12	ID# CK#	Les Lewis 2884 Hwy 30 E, Donison, IA 51442		100.00	
10/15/12	ID# CK#	Wayne Rydberg 809 Charles St, Denison, IA 51442		35.00	
10/15/12	ID# CK#	Scott Ferguson 1030 No. 20th St., Denison, IA 51442		200.00	
10/15/12	ID# CK#	Stove Vary 1914 Q Ave, Arion, IA 51441		100.00	
10/15/12	ID# CK#	Scott Tibben 2726 Fairlane, Denison, IA 51442		50.00	
10/15/2012	ID# CK#	Allen Nepper 861 So 14th, Charter Oak, IA 51465		250.00	
10/15/2012	ID#	Kim Ingerselv 2311 10th Ave No, Denison, IA 51442		100.00	
10/15/2012	ID# CK#	Ken Livingston Box 186		50.00	
			SUB-TOTAL	\$ 985.00	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

14.4 m 11 pt 11 pt 11		_
Reset	To a visit	(100
I COSCI	COM	m

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

A A	1100	-			-	
COMMITTEE NAME	(Must be	same	as on	Statement	of	Organization

Greg Kehl for Hospital Board

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0/15/2012	ID#	KDSN Radio 1530 Ridge Rd, Denison, IA 51442	radio advertising	\$ 197.60
0/17/2012	ID# CK#	Bluespace Creative 1211 Broadway, Denison, IA 51442	yard signs	898.80
•	ID#			
	CK#			
	ID#		, , , , , , , , , , , , , , , , , , ,	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 1096.40
			TOTAL (If last page of this schedule)	\$ 1096.40

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(I).)

Page	1	of I	
	Share-	01	